

SERIAL NUMBER 09/370,530	FILING DATE 08/06/99	CLASS 166	GROUP ART UNIT 3672	ATTORNEY DOCKET NO. 16838-000320
-----------------------------	-------------------------	--------------	------------------------	-------------------------------------

APPLICANT

GAROLD M. MUTH, BAKERSFIELD, CA.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED THIS APPLN IS A CIP OF 08/899,785 07/24/97 PAT 5,934,372  
 WHICH IS A CIP OF 08/692,820 07/29/96 PAT 5,765,639  
 WHICH IS A CIP OF 08/325,971 10/20/94 PAT 5,505,258  
 WHICH IS A CIP OF PCT/US95/13290 10/19/95  
 WHICH IS A CIP OF 08/610,630 03/04/96 ABN

164/72 (T Melius)

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/19/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Initials _____		Initials _____			

SEE CUSTOMER NUMBER: 020350

ADDRESS

PUMP SYSTEMS AND METHODS

TITLE

FILING FEE RECEIVED \$445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
------------------------------	---	---